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Colleen Avancena	(Depositor's name)
<i>Colleen Avancena</i>	(Signature)
6-17-04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/931,033	08/17/2001	Patricia C. Allen	0217.01	2685

TITLE OF INVENTION: USE OF ECHINACEA AS A FEED ADDITIVE TO ENHANCE PROTECTION AGAINST COCCIDIOSIS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	06/18/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
PORTNER, VIRGINIA ALLEN	1645	424-271100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 John D. Fado
2 G. Byron Stover
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

The United States of America, as
represented by the Secretary of Agriculture

Washington, D.C.

**PLEASE SEE CONTINUATION SHEET FOR ADDITIONAL ASSIGNEES

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☐ corporation or other private group entity ☒ government

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- ☒ Issue Fee
☐ Publication Fee
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(Authorized Signature)

(Date)

G. Byron Stover 6/17/04

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06/17/04 THU 10:25 FAX 301 504 5060

ARS-OTT

003

Continuation of PTOL-85B
S.N. 09/931,033

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT

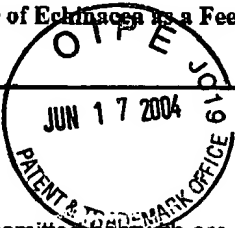
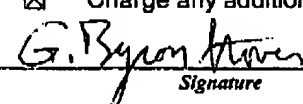

1.) (A) NAME OF ASSIGNEE:

Triarco Industries, Inc.

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

400 Hamburg Turnpike
Wayne, NJ 07470

☒ corporation or other private group entity

TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity) (37 C.F.R. 1.311)				Docket No. 0217.01	
Applicant(s): Patricia Allen, Mark Anderson and Harry Danforth					
Serial No. 09/931,033	Filing Date 8/17/01	Examiner V. Portner	Group Art Unit 1645	Confirmation No. 2685	
Invention: Use of Echthyma as a Feed Additive to Enhance Protection Against Coccidiosis					
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 20%; text-align: center;">  </div> <div style="width: 80%; text-align: center;"> <p><u>Mail Stop Issue Fee</u></p> <p><u>TO THE COMMISSIONER FOR PATENTS</u></p> <p><u>P.O. Box 1450</u></p> <p><u>Alexandria, VA 22313-1450</u></p> </div> </div> <p>Transmitted herewith are the following for the above-identified application.</p> <p> <input checked="" type="checkbox"/> Issue Fee Transmittal Form PTOL-85 <input checked="" type="checkbox"/> Utility Fee: <u>\$ 1330.00</u> <input type="checkbox"/> Design Fee: _____ <input type="checkbox"/> Plant Fee: _____ <input type="checkbox"/> Publication Fee: _____ <input type="checkbox"/> A check in the amount of _____ is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>50-2134</u> as described below. </p> <div style="margin-left: 40px;"> <input checked="" type="checkbox"/> Charge the amount of \$1,330.00 <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional fee required. </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">  _____ <i>Signature</i> </div> <div style="width: 45%; text-align: right;"> Dated: <u>8/17/04</u> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>CC:</p> <p style="text-align: center;">Certificate of Transmission by Facsimile This certificate may only be used if paying by deposit account.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States and Trademark Office (Fax 703-746-4000) on _____</p> <p>6-17-04 _____ Date</p> <p style="text-align: center;"> _____ <i>Signature</i></p> <p style="text-align: center;">Colleen Avancena</p> <p style="text-align: center;"><i>Typed or Printed Name of Person Signing Certificate</i></p> </div> </div> <div style="width: 48%;"> <p style="text-align: center;">Certificate of Mailing by First Class Mail</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>I certify that this document and fee is being deposited with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p> <p style="height: 100px; border: 1px solid black; margin-top: 10px;"></p> <p style="text-align: center;">_____ <i>Signature of Person Mailing Correspondence</i></p> <p style="text-align: center;">_____ <i>Typed or Printed Name of Person Mailing Correspondence</i></p> </div> </div> </div>					